WAC 246-976-770 Designation standards for facilities providing level II pediatric trauma care service--Administration and organization.

A facility with a designated level II pediatric trauma care service shall have:

(1) (a) Organization and direction by a general surgeon with special competence in care of the injured child. The service may have as codirector another physician with special competence in care of the injured child;

(b) Ongoing coordination of the trauma care service by a registered nurse with special competence in care of the injured child;

(c) A multidisciplinary trauma committee chaired by the trauma service director, with input to hospital management, including:

(i) An emergency physician with special competence in pediatric care;

(ii) An emergency department registered nurse;

(iii) A pediatric surgeon or general surgeon with special competence in pediatric trauma care;

(iv) A neurosurgeon;

(v) An orthopaedic surgeon;

(vi) An anesthesiologist;

(vii) The physician director of pediatric critical care service;

(viii) A pediatrician with special competence in critical care;

(ix) The pediatric trauma care service nurse coordinator;

(x) A pediatric critical care registered nurse;

(xi) Pediatric intensivist; and

(xii) The trauma rehabilitation coordinator;

(d) The multidisciplinary trauma committee shall adopt an approved method to determine activation of the trauma team, as described in WAC 246-976-870;

(e) A trauma team to provide initial evaluation, resuscitation and treatment.

(i) The team shall be organized and directed by a pediatric surgeon or general surgeon with special competence in care of the injured child, and who assumes responsibility for coordination of overall care of the pediatric trauma patient.

(ii) The team shall work in conjunction with a pediatric intensivist or pediatric emergency physician.

(iii) All members of the team, except the surgeon and the anesthesiologist, shall be available within five minutes of notification of team activation.

(iv) The team shall include:

(A) An emergency physician with special competence in pediatric care, who is:

(I) Responsible for activating the trauma team, using an approved method as defined in WAC 246-976-870; and

(II) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the general surgeon in the resuscitation area.

(B) A pediatric surgeon, or general surgeon with special competence in pediatric trauma surgery, on-call and available within twenty minutes of notification of team activation, who shall assume responsibility for patient care upon arrival in the resuscitation area;

(v) The trauma care service shall identify all other members of the team.

(f) Specific delineation of pediatric trauma surgery privileges by the medical staff.

(2) An emergency department with written standards of care to ensure immediate and appropriate care for pediatric trauma patients.

(3) A surgery department, including:

(a) General surgery, with special competence in care of the pediatric trauma patient;

(b) A neurosurgical service. Coverage shall be available within five minutes of notification of team activation. In-house coverage shall be provided by:

(i) A neurosurgeon; or

(ii) A surgeon or other physician who has been judged competent by the neurosurgical consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures, with a neurosurgeon on-call and available within thirty minutes of notification of team activation;

(c) The following surgical services on-call and available within thirty minutes of request by the trauma team leader:

(i) Gynecologic surgery;

(ii) Hand surgery;

(iii) Obstetric surgery;

(iv) Ophthalmic surgery;

(v) Oral/maxillofacial or otorhinolaryngologic surgery;

(vi) Orthopaedic surgery;

(vii) Pediatric surgery;

(viii) Plastic surgery;

(ix) Thoracic surgery;

(x) Urologic surgery; and

(xi) Vascular surgery.

(4) Nonsurgical specialties with special competence in pediatric care, including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained, except this requirement shall not apply to a physician board-certified in anesthesiology;

(ii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887; and

(iii) Is on-call and available within twenty minutes of notification of team activation;

(b) A radiologist on-call and available for patient service within twenty minutes of notification of team activation;

(c) The following services on-call and available for pediatric patient consultation or management:

(i) Cardiology;

(ii) Gastroenterology;

(iii) General pediatrics;

(iv) Hematology;

(v) Infectious disease specialists;

(vi) Nephrology;

(vii) Neurology;

(viii) Pathology;

(ix) Pediatric critical care; and

(x) Pulmonology;

(5) Written policy and procedures for access to ancillary services specific for pediatric patients, including:

(a) Chemical dependency services;

(b) Child and adult protection services;

(c) Clergy or pastoral care;

(d) Nutritionist services;

(e) Occupational therapy services;

(f) Pediatric therapeutic recreation;

(g) Pharmacy;

(h) Physical therapy services;

(i) Rehabilitation services;

(j) Social services; and

(k) Speech therapy services.

(6) A written policy and procedures to divert patients to other designated trauma care services. The policy shall be based on criteria which reflect the service's ability to resuscitate and stabilize each patient at a particular time.

(7) A trauma registry as required in WAC 246-976-430.

(8) A quality assurance program in accordance with WAC 246-976-881; and cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

(9) Interfacility transfer guidelines and agreements consistent with WAC 246-976-890.